

## *Editorial*

### A NEW LOOK AT GENERAL PRACTICE

**B**Y the time that this *Journal* is published the conference of Local Medical Committees and the Special Meeting of the Representative Body of the British Medical Association will have met and considered the joint report of the discussions between general-practitioner representatives and the Minister of Health on the so-called "Doctors' Charter". As we pointed out in the last *Journal* although the events which brought about these decisions were of a medico-political nature upon which the College has always refrained from commenting, the talks themselves were in a large measure concerned with academic matters of very great importance to all general practitioners and therefore to the College. This thought lies behind the series of "Reports from General Practice" and more appear with this *Journal*. All members of the joint working party must be congratulated on the assiduity with which they have pursued their task. To cram 14 meetings into the short space of eight weeks which included the Easter holiday, is an achievement probably unparalleled in this kind of negotiation. During this time the Minister has managed to deal with a large amount of other business and much travelling, including a trip to Newcastle upon Tyne for the College's Summer Meeting, and yet he has attended nearly all the meetings of the working party. The profession's representatives also have had to continue as best they could in their practice and administrative duties. Whatever the final outcome, doctors, politicians and patients alike owe these men a very great deal.

How can we as a College help? We welcome the prospect of being able to work in better premises, believing that one of the first essentials of good medicine is that the patient and doctor should, so far as is possible, be at ease. We believe that comfortable and friendly surroundings can be efficient and labour-saving for the doctor and reassuring for the patient. We are not convinced that existing buildings can be easily adapted for the special work of the general practitioner, and we still have reservations on the optimum floor space and the number of rooms and the uses to which they should be put. A general practice is such an individual matter that there is probably no such thing as an optimum. Minimum standards there may be, but each individual should be entitled to plan his premises

as he wishes. The General Practice Advisory Service and the Practice Organization Committee of the College still have much work to do on these matters. The suggestion contained in the joint report that the purchase of certain articles of equipment should be financed by the proposed General Practice Finance Corporation is refreshing. But what should these items be? The College should prepare forthwith a report on the equipment required by different types of general practitioners. The basic minimum of essentials is small indeed; more than any of his colleagues he uses his eyes, his nose, his ears and hands to make his diagnosis. But, working as he does in the field of early diagnosis, and having to dig deep to find the first warnings of disease, should he not be equipped with the best and most delicate diagnostic equipment?

When Miss Rosalind Marshall enquired of a random sample of 157 doctors what kind of ancillary help they thought desirable, " nine per cent did not want any, 66 per cent regarded a receptionist/secretary as desirable, 13 per cent a nurse and 20 per cent wanted someone who would act as both nurse and secretary/receptionist ". With so great a divergence of views it is still debatable what really is the best kind of surgery assistance, and whether any one type of help would suit every practice. The Dutch College of General Practitioners has started a school for doctors' secretaries and is making a success of it. In this country an association for paramedical assistants has already been formed, and one or two courses for receptionists are being run. If the Ministry is to help towards the cost of employment of ancillary help it would be wise for the College to find out what special attainments ancillaries should acquire and provide the means for their training.

The work of the College continues to increase. To achieve all that it may be called upon to undertake during the next few years it must have the active help of its membership and sufficient means. Many of the leaders of the College Council have been in the forefront for more than ten years. Younger blood is required so that the work already started will continue uninterrupted. Much of the work in the past has been handicapped by lack of funds. The College Appeal is not an empty cry for money so much as a request for the necessary material to clothe our ideals in reality.

## REFERENCE

Cartwright, Ann, and Marshall, Rosalind (1965). *Medical Care*, 3, 69.